

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025484

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 270

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 3 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801a N. Second St.
3. NAME OF DECEASED (Type or print) First Gertrude Middle E. Last Dallmeyer		4. DATE OF DEATH Month June Day 28 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1885
9. AGE (last birthday) 77		10. IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 17 Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry C. Dallmeyer		13b. MOTHER'S MAIDEN NAME Josephine Meinsohn	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Raymond T. Schaberg, St. Charles, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Cerebrovascular accident DUE TO (c) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5-6 days 2 wks 1 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:16 A.M. Month, Day, Year 4-3-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 4-3-59 to 6-28-63 and last saw her alive on 6-28-63		Death occurred at 1:16 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. F. Combs (Degree or title)	22b. ADDRESS M.D. 114 N. Main St., St. Chas., Mo.	22c. DATE SIGNED 6-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jul. 1, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-63	26. REGISTRAR'S SIGNATURE Mabel Zimmwalt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 0928

2 0928

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AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles J. Macke

Licensed Embalmer No.

4539

P. O. Address

St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also, shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.